

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041240

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 323

Primary Registration District No. 4474

Registrar's No. 67

FILED OCT 18 1962

1. PLACE OF DEATH

a. COUNTY

SALINE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

SALINE

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

Sweet Springs

Length of stay in 1b

12 HRS.

c. CITY

OR TOWN

Sweet Springs

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Community Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

114 Pine

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Paul

Middle Andrew

Last Keeney

4. DATE OF DEATH

Month Oct

Day 14

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/14/62

9. AGE (last birthday)

12 HRS

IF UNDER 1 YEAR

Months 12

Days 12

Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Sweet Springs, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Rolland M. Keeney

13b. MOTHER'S MAIDEN NAME

MARY ANN MILLER

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Rolland M. Keeney Sweet Springs, Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hyaline Membrane during 9 day 11 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Aspiration of amniotic fluid (6 tubes) under

DUE TO (c)

Premature 4#15 oz. 7 1/2 hr

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-14-62 to 10-14-62 and last saw him alive on 10-14-62

Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(If free or title)

22b. ADDRESS

Sweet Springs, Mo

22c. DATE SIGNED

10-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

10/16/62

23c. NAME OF CEMETERY OR CREMATORY

FAIRVIEW

23d. LOCATION (City, town, or county)

Sweet Springs

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Gene Miller Sweet Springs Mo Oct. 16, 1962

Mary Maskey

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6970

20970

3

4 0

5 0

6

7 0

8 2

9762.5

10

11

123-0

13 2-0

Burial Permit Issued on 10/16/1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James Z. Mueller

Licensed Embalmer No. 4783

P. O. Address Shawnee Springs, Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.